

INVOICE FOR GRANT PAYMENTS

	PART A - GRAN	IT INFORMATION
DATE		INVOICE NUMBER(Enter your grant number above.)
GRANTEE'S NAME/ADDRESS		GRANT PERIOD(MM/DD/YY to MM/DD/YY)
		(MIN/DD/YY to MIN/DD/YY)
		TYPE OF REQUEST
		90% ADVANCE PAYMENT □
		10% FINAL PAYMENT □
	PART B - 90% AD	OVANCE PAYMENT
GRANT AWARD \$	X 90% = TOTA	L ADVANCE PAYMENT REQUEST \$
	PART C - 10%	FINAL PAYMENT
To qualify for release of the 10	0% final payment, the grant	ee must have done ALL of the following
□ Have completed the □ Submitted the CAC/N □ Submitted the Final I	NEA Grants Activity Survey	ibit A of the Grant Standard Agreement. Online.
FINAL PAYMENT AMOUNT REQUESTED		\$
	CERTIF	FICATION
		in accordance with the grant approved by and the t has not been previously received for the amount claimed
AUTHORIZED OFFICER (PRINT)		PREPARER'S PRINTED NAME
AUTHORIZED OFFICER (SIG	GNATURE)***	PHONE NUMBER
	FOR CAC ACCO	JNTING USE ONLY
FY FUND	APPROP REF	VOUCHER
FYFUND	APPROP REF	VOUCHER
PROGRAM STAFF SIGNATU		DATE
(Required For Final Payments	3)	
ACCOUNTING SIGNATURE		DATE